



PHYSICAL THERAPY BOARD OF CALIFORNIA

1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
TELEPHONE: (916) 263-2550 FAX: (916) 263-2560



APPLICATION FOR PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT EXAMINATION AND/OR LICENSURE

Indicate the type of license for which you are applying:

☐ Physical Therapist (Foreign & Domestic Approved Programs)

☐ Physical Therapist Assistant

☐ Physical Therapist / Foreign Educated

☐ Physical Therapist Assistant / Equivalency

Are you licensed in another State / District / Territory of the United States?

☐ Yes

☐ No

Have you or will you be applying to take the national examination in another state?

☐ Yes

☐ No

If yes, which state? _____ Exam Date: _____

Read all instructions prior to completing this application. All questions on this application must be answered, if not applicable indicate N/A. All supporting documents must be submitted with this application per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

1. Name (last first middle): _____

2. Other names you have used (include maiden name): _____

3. Social Security Number (See disclosure statement on PIC): _____

4. Residence Address: (PO Box not acceptable)

Street:

Apt. or Ste. #

Alternate Address of Record: (If you do not want your residence address disclosed to the public)

Street:

Apt. or Ste. #

City

State

Zip

City

State

Zip

5. Telephone Number(s):

Home () -

Work () -

6. Date of Birth (month / day / year): _____

7. Do you request any special arrangements or accommodations for the examination?

☐ Yes

☐ No

If YES, complete Form D1. **SEE INSTRUCTIONS**

8. Have you ever filed an application for examination or professional licensure in California?

☐ Yes

☐ No

If YES, give date of previous application, or license number if applicable.

9. List name and location of all satisfactorily completed education after secondary school. (PTA equivalency applicants only.)

Name	Location	Period of Attendance	
		From (Mo / Yr)	To (Mo / Yr)

10. Physical Therapist / Physical Therapist Assistant Program Completed (U.S. or foreign graduate):

Name of College or University	Location	Period of Attendance	
		From (Mo / Yr)	To (Mo / Yr)

(For State use only. Do not mark below this line.)

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Application Reviewer _____

P1A

This question is for foreign educated applicants only.

11. Have you submitted your transcripts to an approved evaluation service? ☐ Yes ☒ No
Specify which evaluation service was utilized. _____ If yes, when: _____

12. Have you ever been licensed to practice as a physical therapist or physical therapist assistant in any state or country? (If Yes, list state or country, license number, date issued and date the license expires. Submit a letter of good standing from each state which you are licensed or have been licensed. ☐ Yes ☐ No

State or Country	PT	PTA	License Number	Date of Issuance	Expiration Date of License

13. Has any disciplinary action ever been filed or taken regarding any healing arts license (certificate, approval authorization, etc.) which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, other U.S. Federal Government entity, and any state or country. ☐ Yes ☐ No
(If Yes, provide copies of accusations and decisions.)

State or Country	Date	Charge	Disposition

14. Have you ever voluntarily surrendered or been denied a license to practice any healing are, or been denied permission to take an examination in any state, U.S. Territory or in any country? (If YES, give details below.) ☐ Yes ☐ No

State or Country	Date of denial	Reason for Denial

15. Have you ever had professional privileges denied, restricted, suspended or revoked? ☐ Yes ☐ No
(If Yes, please explain on a separate sheet of paper.)

16. Have you ever been convicted of, or pled nolo contendere to any misdemeanor or felony offense of any state, the United States, or a foreign country? ☐ Yes ☐ No

You are required to list **ALL** convictions regardless of the sentence (jail time, community service, probation, etc.). Any conviction that has been set aside and dismissed under section 1203.4 of the Penal Code must be disclosed. Please provide the following documents:

- 1) A descriptive explanation of the circumstances surrounding the conviction or disciplinary action. (i.e., dates and location of incident and all circumstances surrounding the incident) This letter **must** accompany application.
- 2) Certified true copies of all applicable arrest and court records to include the final disposition.
- 3) Copies of letters from substance related programs verifying successful completion or evidence of current participation of a personal recovery program.

Documents Enclosed: ☐ Yes ☐ No (Include letter from police and/or court documenting why)
Give details below

Violation Code	Court of Jurisdiction	Date of Offense	Date of Conviction	Penalty or Disposition

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Application Reviewer _____ Enforcement Reviewer _____

P1B

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure, authorized per Section 2632, 2634, and 2655.3 of the Business and Professions Code. Information regarding the issuance or denial of a license by the Board may be transmitted to any other physical therapy licensing authority. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer of the Physical Therapy Board of California is the custodian of records.

"Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board which may assess a \$100 penalty against you."

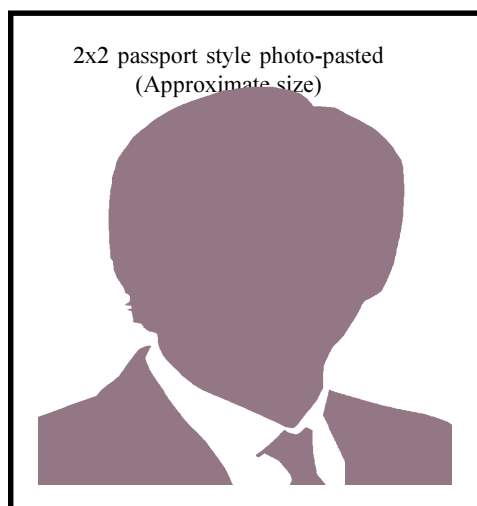
PHOTO INSTRUCTIONS: ONE COLOR 2X2 (APPROXIMATE SIZE) PASSPORT STYLE PHOTO. GROUP OR CROPPED PHOTOGRAPH WILL NOT BE ACCEPTED.

Photograph must have been taken within the last 60 days and must be vertically oriented and contain the applicant only.

(1) One passport style photograph must be firmly pasted to the application in the space provided below.

PHOTOGRAPH MUST HAVE APPLICANT'S SIGNATURE IN INK ACROSS THE LOWER PORTION OF THE PHOTO/FRONT SIDE.

NOTE: To prevent curling after pasting photograph on application, place photograph under heavy books until dry.



I hereby declare under penalty of perjury under the laws of the State of California, that the photo of myself attached hereto, was taken

on or about _____, 19 _____,

my age then being _____ years;

color of hair _____;

color of eyes _____;

height _____ ft. _____ in.;

weight _____ lbs.;

identifying marks _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND COPIES OF ALL DOCUMENTS SUBMITTED WITH THE APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE READ AND UNDERSTAND THE "REPORTING OF SUSPECTED INSTANCES OF CHILD ABUSE" AND "REPORTS OF INJURIES" ON THE REVERSE OF THIS PAGE AND THE DISCLOSURE STATEMENTS ON THIS PAGE. I UNDERSTAND THAT IF I DO NOT PASS THE EXAMINATION ON THE FIRST TIME I TAKE IT FOLLOWING THE FILING OF MY APPLICATION, ALL RIGHTS AND PRIVILEGES TO PERFORM AS A PHYSICAL THERAPIST LICENSE APPLICANT OR A PHYSICAL THERAPIST ASSISTANT APPLICANT WILL AUTOMATICALLY CEASE. SHOULD I FURNISH ANY FALSE INFORMATION IN THIS APPLICATION, I HEREBY AGREE THAT SUCH ACT SHALL CONSTITUTE CAUSE FOR THE DENIAL, SUSPENSION OR REVOCATION OF MY LICENSE TO PRACTICE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT IN THE STATE OF CALIFORNIA. I UNDERSTAND THE BOARD IS AUTHORIZED TO VERIFY ANY INFORMATION CONTAINED IN THIS APPLICATION.

I fully understand that I may not practice as a physical therapist or physical therapist assistant in the State of California without written notification from the Physical Therapy Board of California that I may do so.

DATE

Signature of Applicant (Blue Ink)

(For State use only. Do not mark below this line.)
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Application Reviewer _____

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REPORTS OF INJURIES

Section 11160, Article 2, Chapter 2 of the Penal Code requires health practitioners (including physical therapists and physical therapist assistants), along with other identified individuals, who has knowledge of, or observes, in his or her professional capacity or within the scope of his or her employment, a patient whom he or she knows or reasonably suspects is a person suffering from a wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon, or any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct, shall immediately make a report to a local law enforcement agency. Assaultive or abusive conduct includes murder (violation of Section 187), manslaughter (violation of Section 192 or 192.5) and mayhem (violation of Section 203, aggravated mayhem (violation of Section 205), torture (violation of Section 206), assault with intent to commit mayhem, rape, sodomy, or oral copulation (violation of Section 220), battery (violation of Section 242), sexual battery (violation of Section 243.5), incest (violation of Section 285), throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure (violation of Section 244), assault with a stun gun or taser (violation of Section 244.5), assault with a deadly weapon, firearm, assault weapon, or machine gun, or by means likely to produce great bodily injury (violation of Section 245), rape (violation of Section 261), spousal rape (violation of Section 262), procuring any female to have sex with another man (violation of Section 266, 266a, 266b, or 266c), child abuse or endangerment (violation of Section 273a or 273d), abuse of spouse or cohabitant (violation of Section 273.5), sodomy (violation of Section 286), lewd and lascivious acts with a child (violation of Section 288), oral copulation (violation of Section 288a), genital or anal penetration by a foreign object (violation of Section 289 or 289.5), elder abuse (violation of Section 368), and an attempt to commit any of the above crimes. Injury shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

A report by telephone shall be made immediately or as soon as practically possible. A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person. A local law enforcement agency shall be notified and a written report shall be prepared and sent even if the person who suffered the wound, or other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

The report shall include, but shall not be limited to, the following:

- (A) The name of the injured person, if known.
- (B) The injured person's whereabouts.
- (C) The character and extent of the person's injuries.
- (D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a team member to make the required reports. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE

Section 11166, Article 2.5, Chapter 2 of the Penal Code requires any health practitioner (including physical therapists and physical therapist assistants), along with other identified individuals, who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning this incident.

Failure to comply with the requirements of Section 11160 or 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both.